

Pocket No.: PF-0256-3 CON

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box Non-Fee Amendment, Commissioner for Patents, Washington, D.C. 20231 on _______ February 14, 2003.

Ву:

Printed: D. Ellis

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Hillman et al.

RECEIVED

Title:

MITOCHONDRIAL ADENYLATE KINASE

FEB 2 4 2003

Serial No.:

10/006,190

Filing Date:

December 4, 2001

TECH CENTER 1600/2900

Examiner:

Monshipouri, M.

Group Art Unit: 1652

Box Non-Fee Amendment

Commissioner for Patents Washington, D.C. 20231

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

- 1. Return Receipt Postcard;
- 2. Response to Restriction Requirement (12 pp.);
- 3. Supplemental Information Disclosure Statement (2 pp.);
- 4. Supplemental List of References Cited PTO-1449 (2 pp.);
- 5. Copies of fifteen (15) references cited;
- 6. Associate Power of Attorney (1 pg.); and
- 7. Limited Recognition (1 pg.).

The fee has been calculated as shown below.

Claims	Claims After Amendment	-	Claims Previously Paid For	=	Present Extra	Other Small		Additional Fee(s)
Total	20	-	20		0	x\$18.00	0	\$ 0
Indept.	2		3		0	x\$84.00	0	\$ 0
First Presentation of Multiple Dependent Claims +280.00 0							0	\$ 0
		-					Total Fee:	\$ 0

X No additional Fee is required.

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE GENOMICS, INC.

Date: Feb. 14,2003

Terence P. Lo

Limited Recognition (37 C.F.R. 10.9 (b)) attached

Direct Dial Telephone (650) 621-8581

Customer No.: 27904 3160 Porter Drive

Palo Alto, California 94304 Phone: (650) 855-0555 Fax: (650) 845-4166

106271

10/006,190

1